State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

ARNOLD SCHWARZENEGGER
Governor

December 19, 2003

Provider Reimbursement Alert

Information Notice for California Children's Services (CCS) Paneled Provider's Future Reimbursement

The Children's Medical Services (CMS) Branch, Provider Services Unit (PSU), is updating the list of CCS paneled providers in preparation for the Enhancement 47 (E-47) implementation. **Your future participation in the CCS program, including reimbursement, depends on your prompt attention to completing and returning the enclosed form. Please return the completed form to the CMS, PSU, no later than January 19, 2004.** CCS paneled physicians should complete **Enclosure A**. All other paneled providers, including allied health care professionals, should complete **Enclosure B**.

Effective July 1, 2004, the Department of Health Services will implement E-47, a project that will allow providers to electronically submit claims to the fiscal intermediaries, Electronic Data Systems (EDS) and Delta Dental, for services provided to CCS clients. The E-47 will ensure rapid provider reimbursement. When billing for dates of service authorized after July 1, 2004, providers must utilize their Medi-Cal provider number regardless of the CCS client's eligibility type. Those providers who do not have an "active" status Medi-Cal provider number must apply immediately for a Medi-Cal provider number as the Medi-Cal enrollment process may take up to six months for completion.

The CMS website will have ongoing updates for information related to the E-47 implementation. You can access this website at www.dhs.ca.gov/cms. In this website, the "Enhancement 47" site is located under the "California Children's Services" link.

If you have any questions regarding this letter, please email Aimee Yuki, Provider Services Analyst, at ayuki@dhs.ca.gov or call the CMS PSU main number at (916) 322-8702.

Thank you for your continued participation serving California's Children with Special Health Care Needs through the CCS program.

Original Signed by

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure A

California Children's Services (CCS)
Paneled Physician Provider Information

1. Provider Name: (Required Field)

Last Name	First Name	Middle Initial

2. Medi-Cal Provider #: (Required Field)

Please list all Medi-Cal provider numbers **(individual** or **rendering** provider numbers only; no group numbers, e.g., GR0654321)

3. State of California License #: (Required Field)

Medical license number

4. Specialty Information-FIELDS 4a & 4d ARE REQUIRED AND MUST BE COMPLETED

a. Board Certifications issued by the American Board of Medical Specialties:

General Certificate(s)	Subspecialty Certificate(s)

b. Additional Subspecialty Pediatric Training:

If applicable, indicate any additional pediatric training or experience for your specialty that does not currently have a certificate issued by the American Board of Medical Specialties, e.g., Pediatric Anesthesiology, Pediatric Ophthalmology.

Additional Subspecialty Pediatric Training

PLEASE SEND OR FAX A COPY OF THE CERTIFICATE OF TRAINING COMPLETION WITH THIS FORM

c. Other Subspecialty Training:

If applicable, indicate any additional training or experience for your specialty that does not currently have a certificate issued by the American Board of Medical Specialties, e.g., Ophthalmology, Cornea and External Disease

Other Subspecialty Training

PLEASE SEND OR FAX A COPY OF THE CERTIFICATE OF TRAINING COMPLETION WITH THIS FORM

d. Please identify specialty(s) for which you are currently accepting referrals

5. Provider, or Provider's Designee, Name and Signature: (Required Field)

Print Name		
Signature	Contact Phone #	Date

Please fax completed and signed form to:

Aimee Yuki, Provider Services Analyst
(916) 322-1842 Fax

Or mail to:

Aimee Yuki, Provider Services Analyst
Children's Medical Services Branch
MS-8100
P.O. Box 942732
Sacramento, CA 94234-7320

Enclosure B

California Children's Services (CCS)
Paneled Non-Physician Provider Information
(Allied Health Care Professionals)

1. Provider Name:

Last Name	First Name	Middle Initial

2. Medi-Cal Provider #:

- Please list all Medi-Cal Provider numbers **(individual** or **rendering** provider numbers only; **no** group numbers, e.g., GRO654321)
- This field not required if services are billed by hospital or special care center.

3. State of California License #:

License Number

4. Paneled Provider Type:

Audiologist	☐	Prosthetist	☐
Dietitian	☐	Psychologist	☐
Occupational Therapist		Registered Nurse*	☐
Orthotist	☐	Respiratory Care Practitioner*	☐
Pediatric Nurse Practitioner*	☐	Social Worker	☐
Physical Therapist	☐	Speech-Language Pathologist	☐
Other Provider Type:			

*** Paneling required only if team member of Special Care Center**

5. Are you a Member of a Special Care Center? Yes ☐ No ☐

If yes, please complete these fields

Name of Special Care Center **Name of Hospital**

6. Provider, or Provider's Designee, Name and Signature:

Print Name

Signature	Contact Phone #	Date

Please fax completed and signed form to:

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